8 -09-04

PTO/SB/83 (03-02) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ler the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT**

Application Number	09/862,798
Filing Date	May 22, 2001
First Named Inventor	MOSER, Tammy L. et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	05882.0101.CPUS01

To: Commissioner P.O. Box 1450 Alexandria, VA						
I hereby apply to wi	thdraw as attorney or agent for the	above-id	entified pa	atent ap	plication	on.
The reason for this	request is: New counsel will handle	further p	prosecution	n pursu	ant to (	Client's request.
The correspondence address in NOT affected by this withdrawal.						
Change the correspondence address and direct all future correspondence to:      CORRESPONDENCE ADDRESS						
☐ Customer Num OR	mber ————————————————————————————————————					
Firm or Individual name Myers Bigel Sibley & Sajovec, P.A. (Attn: Mr. Kenneth D. Sibley)						
Address	4140 Parklake Avenue					
Address	Suite 600					
City	Raleigh	State	North Carolina		ZIP	27612
Country	USA	,				
Telephone	919.854.1400	Fax	919.854.1401			
<ul> <li>☐ This request is made on behalf of myself and</li> <li>☐ all the attorneys/agents of record,</li> <li>☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or</li> <li>☐ the attorneys/agents associated with Customer Number 27194</li> <li>This request is enclosed in triplicate (including any attachments).</li> </ul>						
Name	Robin C. Chiang (Reg. No. 46,619	9)				
Signature	Tille	<u> </u>				
Date	August 6, 2004					
NOTE: Withdrawal is effective when approved rather than when received.  Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/862,798				
Filing Date	May 22, 2001				
First Named Inventor	MOSER, Tammy L. et al.				
Group Art Unit					
Examiner Name					
Attorney Docket Number	05882.0101.CPUS01				

To: Commissioner P.O. Box 1450 Alexandria, VA						
I hereby apply to withdraw as attorney or agent for the above-identified patent application.						
The reason for this request is: New counsel will handle further prosecution pursuant to Client's request.						
1. The correspondence address in NOT affected by this withdrawal.						
2.  Change the	correspondence address and direc	t all futur	e corresp	onden	ce to:	
	CORRESPONDENCE A	ADDRESS	_			
Customer Num	Number Place Customer Number Bar Code Label here					
Address	s 4140 Parklake Avenue					
Address	ddress Suite 600					
City	Raleigh	State	North Carolina		ZIP	27612
Country	ntry USA					
Telephone	919.854.1400	Fax	919.854.1401			
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number <a href="27194">27194</a> This request is enclosed in triplicate (including any attachments).						
Name	Robin C. Chiang (Reg. No. 46,619	9)				
Signature	Thill	<u>;</u>			· · · · · · · · · · · · · · · · · · ·	
Date	August 6, 2004					
NOTE: Withdrawal is effective when approved rather than when received.  Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/862,798
Filing Date	May 22, 2001
First Named Inventor	MOSER, Tammy L. et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	05882.0101.CPUS01

To: Commissioner P.O. Box 1450 Alexandria, VA						
I hereby apply to wi	thdraw as attorney or agent for the	above-id	entified pa	tent ap	plication	on.
The reason for this request is: New counsel will handle further prosecution pursuant to Client's request.						
1. The correspo	ondence address in NOT affected b	y this w	ithdrawal.			
2.  Change the	correspondence address and direc		•	ondend	ce to:	
Customer Num	mber ————————————————————————————————————					
Firm or Individual name Myers Bigel Sibley & Sajovec, P.A. (Attn: Mr. Kenneth D. Sibley)						
Address						
Address	Suite 600					
City	Raleigh	State	North Carolina		ZIP	27612
Country	USA					
Telephone	919.854.1400	Fax	919.854.1401			
☐ all the attorned the attorneys ☐ the attorneys	ade on behalf of myself and eys/agents of record, /agents (with registration numbers) /agents associated with Customer Ned in triplicate (including any attach	Number :	i the attach 27194	ied par	per(s),	or
Name	Robin C. Chiang (Reg. No. 46,619	))				
Signature	Frider	<u>;</u>				
Date	August 6, 2004		<del> </del>	<del></del>		
NOTE: Withdrawal is effective when approved rather than when received.  Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.